PART B -FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (\$71) 273-2885

OF Fax (\$71) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FIE: and PUBLICATION FIEL (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance less will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS* for maintenance for notifications.

CUBERT CORRESPONDENCE ADDRESS (Note: Use Block 1 for may change of address)							
TITLE OF INVENTION: METHODS OF INCREASING PLATELET AND HEMATOPOLIETIC STEM CELL PRODUCTION APPIN TYPE SMALL ENTITY ISSUE FIRE PUBLICATION FEE TOTAL FEESI DUE DATE DUE							
APPLN. TYPE	SMALL ENTITY					\$2,040,00	10/21/2011
Nonprovisional				***		10/21/2011	
EXAMINER					SUBCLASS	J	
BUNNER, BI			of "Fee 2. For printing on the patent front page, list				
1. Change of corresponded Address" (37 CFR 1.363 Change of correct Correspondence. X "Fee Address" in form PTO/SB/47 Use of a Custom	r Change of 22) attached. ss" Indication ent) attached.	(1) the names of up to 3 registered patent attempes or agents OR, alternative, C) the name of a single firm (having as a member 2 a registered name, or agent) and the names of up to 2 registered patent attorneys or agents. If no mane is littled, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE; (CITY and STATE OR COUNTRY) Janssen Pharmacoutica, N.V. Beene, Belgium							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: X Issue Fee					ount of the fee(
Advance Order # of Copies The Director is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number 50-2228							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid tissue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant: a registered attorney or agent: or the assignee or other party in interest as shown by the recrose of the futured States Partent and Trademark Office.							
Authorized Signature /Therese M. Finan/					Date	October 19, 2011	
Typed or printed name Therese M. Finan					Registration No.	42,533	
Thereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Date: October 19, 2011 Signature: Educar C. You pruchelour (Elaine C. VonSpreckelsen)							